

DO NOT WRITE BELOW THIS LINE - FOR HEALTH DEPARTMENT USE ONLY

Date Received:	Remittance #:
Date Reviewed:	7C790-178
Date Approved:	Amount Received:
License Number:	Fiscal Year:
Date Issued:	Date Mailed:

TEXAS DEPARTMENT OF HEALTH
TOXIC SUBSTANCE CONTROL DIVISION
ASBESTOS LICENSING SECTION

Revised June 2000

PO Box 141097
AUSTIN, TEXAS 78714-1097
800/572-5548 512/834-6610

ASBESTOS TRANSPORTER LICENSE APPLICATION

A license is required for asbestos transporters in accordance with 25 TAC §295.31-73. The annual fee of **\$200** must accompany the application. Send a **cashiers check or money order** payable to the "Texas Department of Health - 7C790-178." **DO NOT SEND CASH OR PERSONAL CHECKS.** Complete all blocks below (print or type only) and supply all required documentation listed on the back of this form. Applications will not be processed until all necessary documentation has been provided. **LICENSE FEES ARE NON-REFUNDABLE.**

If renewing, enter current transporter license number:

Name of Organization

Telephone Number

()

Address

City

State

Zip Code

Name and Title of Principal Officer

Texas Sales Tax Number

CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, I have read and understand them, and agree to comply with them. I also understand that it may be a second degree felony to submit any forged or fraudulent documents in order to obtain a license (Texas Penal Code 3710) all information I have provided is correct, complete, and true to the best of my knowledge. I also understand that under the Privacy Act 5 USC §552(a), that my social security number is being given voluntary and may be used to verify my eligibility for employment in the U.S. under TAHPR §295.35(a).

Signature of Principal Officer

Date

APPLICATIONS WILL NOT BE CONSIDERED IF NOT SIGNED BY APPLICANT, ALL QUESTIONS ANSWERED, AND ALL DOCUMENTATION SUBMITTED. THIS FORM SUPERSEDES ALL PREVIOUS EDITIONS.

Page 2 – Asbestos Transporter License

The following documentation is required, in accordance with §295.56(d) of the Texas Asbestos Health Protection Rules:

For an initial license, please provide all of the following:

If renewing, please provide all of the following, except items #2 and #5

- ___ 1. A copy of your Certificate of Account Status issued by the State Comptroller of Public Accounts, Austin, Texas.
- ___ 2. For out-of-state corporations, a copy of a Certificate of Authority to conduct business in Texas from the office of the Secretary of State, Austin, Texas.
- ___ 3. A copy of a certificate of pollution liability insurance written by a provider authorized to do business in Texas providing liability coverage in the amount of \$1,000,000 to transport asbestos-containing materials. The Texas Department of Health, Asbestos Licensing Section, must be named as certificate holder with a 10-day notice of cancellation.
- ___ 4. Evidence of workers compensation insurance issued by a company authorized and licensed to issue workers compensation insurance in this state and written in this state on the Texas form, or evidence of self-insurance if workers compensation is required by the specifications or owner.
- ___ 5. Emergency Response Plan in accordance with 29 CFR §1910.120(q)(v)(1).
- ___ 6. Copies of any notices of violation and citations issued by the Texas Department of Health, if renewing, only within the last year.

IMPORTANT

- * If your application is complete, allow a minimum of three weeks for processing once received by the licensing section.
- * Within 30 days of receipt of your application, a Deficiency Notification will be sent if additional documentation is required or errors are contained in your application. From the date of the Deficiency Notification, you have 90 days to complete your application, after which it will be denied due to abandonment [§295.38(e)(2)(A) of the Texas Asbestos Health Protection Rules].
- * If your license is lost or stolen, you must request, complete, and submit an "Application for Duplicate Asbestos License" form. This form may be obtained at the address or telephone number shown on page 1 of this application.
- * Make sure you have completed all appropriate sections of this form. Sign and date the application, and return it to the address shown below:

Asbestos Licensing Program 7C790-178
Texas Department of Health
PO Box 141097
Austin, Texas 78714-1097